

A DESCRIPTIVE STUDY ON ADOLESCENT STRESS LEVELS AND SOCIAL SUPPORT NETWORKS

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A Research Paper

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Abstract

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The purpose of this study was to describe the stress levels, coping strategies, and the perceived social support networks of 62 male and female adolescents age 12.5-18 years in Portage and Shawano County. Of these 62 adolescents, 24 remain at home and 38 are placed in a residential treatment facility.

The Survey of Stress Management and Coping Mechanisms of Adolescents developed by the author to collect data from adolescents. The Survey contained questions that focused on identifying and comparing both group's use of social support networks, interest in learning new coping strategies, aggressive behaviors, and concern for peers.

Significant findings include teens in a residential facility indicate a greater rate of physically acting out aggression against other persons and expressed a greater desire to find alternative coping strategies when dealing with aggression. Males felt more support from teaching staff than did females. Both genders and groups desired further knowledge on stress and time management skills and the opportunity to obtain these skills through the school or community.

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CHAPTER I

Description of the Study

INTRODUCTION

Adolescents are not immune to stress. Teens are often, confronted by changes in their personal lives due to their participation in various groups. Some adolescents live in homes with supportive, concerned parents and effective social support systems. Adolescents living in a supportive environment may have positive experiences. However not all adolescents are this fortunate. Other teens find themselves in out-of-home placements for various reasons. Some of these reasons include instances in which the parents cannot meet the needs of the teen or cases of a Child in need of Protective Services (CHIPS) or Juvenile in need of Protective Services (JIPS) petition deeming the child or teen uncontrollable. These teens may have committed a variety of delinquent acts, or been adjudicated for truancy. Adolescents placed outside the home seem to experience more frequent and intense stress-related symptoms. For these teens, adolescence becomes a more difficult experience, often perceived as negative (colleagues, residents of Homme Youth and Family Programs).

Despite their living situations, it appears that for most adolescents, being young means exploring what is occurring in their environments, including family, friends, school, and within themselves (Pakard, 1983). Adolescence is a time when a teen enhances his/her skills: self-responsibility, conflict resolution, and problem solving. During adolescence, teens begin to move toward independence. Adolescents become conscious of their

responsibility to themselves and others. During this time, adolescents also experience other pressures that add to their stress (Elkind, 1986).

Adolescents in a residential setting, experience compounded pressures due to being away from their primary support network. These teens face family issues as well as the court systems. They also need to work with Probation Officers, Social Workers, and other human service professionals. Adolescent internal conflicts include having to deal with physical changes, sexuality issues, physiological, and other social stresses (Mullis, R.L., Young, G.A., Mullis, A.K., and Rathage, R.W. 1993). These stresses tend to be, compounded if the teen is in a residential setting. He or she may need to start a new school, make new friends, and frequently deal with uncertainty regarding whether he/she will return home or remain in an out-of-home placement (teen interviews 2000, 2001).

Adolescents who are in residential facilities have to learn to cope with limited freedom and may need to learn new roles once placed in a treatment facility. For example, an only child will need to learn to deal with others his her age. An eldest child may need to learn to accept other adolescents older than him or herself. A parentified child (a child who took on an adult role in his or her home) has fewer coping strategies than some adults have and will need to learn coping strategies other than taking care of his or her peers, siblings, and parent(s). Adolescents placed in residential facilities will also need to cope with the restrictions placed on their social experiences. Limitations may be, placed on participation in athletics, musical activities, dramatic experiences, and social activities they are able to attend (D'Aurora, D.L., Fimian, M.J., 1988).

Adolescents are confronted with increased pressures at the very time in life that they may be least capable of dealing with these pressures (Elkind, 1986). Primary concerns

for the adolescents are the development of a sense of self-understanding through a basic sense of security and self-esteem. This self-understanding strengthens peer and family relationships.

At no other time in a person's life are the demands from within as great as the demands of the environment. Adolescents attempt to gain further understanding of their families, friends, beliefs, ideas, and especially themselves. They begin to challenge some of the ideals they were taught throughout childhood. They primarily challenge ideas presented by others who play significant roles in their life. Unfortunately, adolescence is also a stage of life that is the least understood (Allan and Dyck, 1984).

There are two types of stress; that which is viewed as positive stress, and negative stress. Stress is labeled by how it is experienced and perceived by the person who is under the stressor (Mullis, Youngs, and Rathge, 1993). Adolescence can be a particularly vulnerable period for life changing stress (Johnson, 1986). Adolescent stress can be viewed as either stimulus-oriented or cognitive-oriented. An adolescent who perceives a threat or feels burdened by excessive demands, experiences what is called a stimulus-oriented stressor. Cognitive-oriented stressors caused by environmental events may vary depending on a person's perception (Johnson and McCutcheon, 1980; Swearingen and Cohen, 1985; Zautra and Reich, 1983).

Adolescents view a variety of situations as stressful. Teens that remain at home seem to have the ability to interact with and initiate communication with supportive family, friends, instructors, community members, and others who contribute and aid the adolescent in working through difficult times (Chandler, 1981).

Adolescents placed in residential settings are not as likely to have the skills needed to gain support for the stressors they experience on their journey to adulthood. Adolescents placed outside the home may not experience more stress than those who remain at home, but teens in residential settings do not have the social skills to ask for the support they need. When adolescents are removed from his or her home, the teen may perceive a loss of his or her support network and/or social network. If this is the case, it is reasonable to assume that when teens are removed from their environment, their stress levels increase above that of the average adolescent (Ebata, et al, 1990; Elkind, 1975; Frnlhrt, 1984).

Therefore, this study focused on the following objectives:

1. Determine what support networks are in place for adolescents who remain at home.
2. Determine what support networks are in place for adolescents in residential facilities.
3. Determine the stress levels of teens that remain at home.
4. Determine the stress levels of teens in residential facilities.

STATEMENT OF THE PROBLEM

This study compared the coping strategies and the social support networks of teens that remain at home and teens in a residential treatment facility (Measured by the Social Support Survey: Appendix A).

DEFINITION OF TERMS

Adolescence - The years between childhood and young adulthood represent adolescence. Adolescence is a time of physical, social, intellectual, emotional, and sexual development. Adolescence occurs between the ages of ten and eighteen years of age (Elkind, 1986).

Anxiety - An individual's emotional and physical state of apprehension may cause a "flight or fight" response to the events as they occur (Psychology of Stress, Dr. Feldman spring 1995).

Coping - A systematic method, of adaptation used by individuals to manipulate a stressor in their lives allowing them to break it down to a more manageable level. This adaptation may include contacting their support network, problem solving, or other skills the person has acquired or has been taught over time (Parish, 1989).

Immediate stressors - Stress is involved with daily living. Immediate stressors do not necessarily have long-term implications for the individual. Immediate stressors may include fighting with family or friends, poor performance on a test, or simply having a rough day (Elkind, 1986).

Problem - A stress-producing situation, event, or period of transition. The stress level may vary from an immediate to a longer-term stressor. Stressors can lead to physical and/or psychological problems (Psychology of Stress, spring 1995).

Stress - A physiological and psychological response to a positive or negative situation, transition, or crisis. Often, persons under stress are more easily agitated and frustrated. A person under stress may experience an increased heart rate and/or blood pressure. If

under stress for prolonged periods, a person may be more susceptible to heart problems, ulcers and other physical ailments (Omizo, Omizo, and Suzuki, 1988).

Stressors - Situations, crises, life events or transitions that produce a stress reaction within an individual. Stressors may be positive or negative in nature (Elkind, 1986).

Symptom - Signs of unmanaged stress. Symptoms can be classified into three areas: psychological, physiological, and behavioral (Omizo, Omizo, and Suzuki, 1988).

CHAPTER II

Review of Literature

Adolescent Stress

Stress is a vital part of being alive. People change, thrive, act and react as a response to stress. The damage done by stress is determined by the ability of a person to maintain homeostasis (maintain vital signs within the average limits) and the coping skills available in the individual's "tool box" (Fillmer, 1987). However, stress will not go away, it must be, manipulated and managed (Selye, 1974; Fillmer, 1987). Stressors can range from moderate to severe. All persons may face a moderate daily level of stress from peers, family, and colleagues on their journey through life. More severe stressors may include death, divorce, parental separation, (Chandler, L.A., 1981) and illness in the family (Packard, V., 1983).

Stressors for adolescents are compounded because they are just developing the skills to deal with life stresses and are going through many physical, emotional, and social changes. As the adolescent matures, peer-related issues begin to grow in importance. Teens have a strong need to fit in with their peer group. At the same time, the youth is gaining independence, his or her thought process is changing, and they are beginning to develop their values. Along with these changes, it is common for adolescents to experience crises, which may effect the teen's physical, social, emotional, and psychological development (Elkind, 1986).

Adolescents display specific psychological, physiological, and behavioral symptoms in response to external and internal stress. Psychological symptoms include anxiety, withdrawal from family and friends, suicidal thoughts and attempts, emotional confusion,

self-destructive behavior, break down of relationships with family and friends, emotional exhaustion, inattention to self and others, and lack of confidence (Chadler, 1982; Arendt, 1984; Godyer, Kolvin, and Gatazanis, 1987; D'Aurora, and Fimian, 1988; Omizo, and Suzuki, 1988). In addition to the psychological effects, the physiological symptoms teens may display include reoccurring headaches, hypertension, stomachaches, dizziness, and fatigue (Arendt, 1984; Smith and Womack, 1987; Walker and Greene, 1987; Omizo, and Suzuki, 1988).

Specific unwanted behaviors also can result from stressful experiences. Behavioral symptoms may include stealing from home or school, rudeness to others, fighting, vandalism, substance abuse, eating and sleeping disorders, poor self-control, disrespect to authority figures, running away from home or school, and falling grades (Arendt, 1984). Adolescents may also have inadequate conflict resolution and problem solving skills, particularly those adolescents with preexisting emotional disturbances (Elias, Gara, Rothbaum, Reese and Uriaco, 1987).

Adolescent coping strategies

Adolescents who appear better adjusted report significant differences in their stress management and coping strategies. Teens who work through their daily stress tend to be more able to reach out to their peer and family support networks and seek help when needed. Some teens who are able to work through their daily stress participate in extracurricular activities within the school system or their communities (Elias, Gara, Rothbaum, Reese, and Ubriaco, 1987). Teens who feel comfortable talking to trusted adults about their problems tend to be better adjusted, and manage their stress more

effectively. Adolescents feel encouraged when they experience stress relief through these coping strategies and often continue to utilize them. Others express they are able to discuss a variety of issues with their parents and friends, and will sometimes reach out to other adult figures in their lives. As these teens have, positive experiences with those they seek out for assistance the likelihood of them reaching out further increases.

Adolescents who display problematic behaviors in response to peers or authority are frequently viewed as “at risk” teenagers. Some of these teens may be responding daily to crises and stressors and may feel unsupported and alone. Often they lack the coping skills other adolescents possess (Albee, 1982; Harter, 1983; Moos, 1984; Rutter, 1983; Sroufe and Rutter, 1984). Research has presented powerful evidence of frequent and/or intense daily life stressors, such as poor peer and family relations, lack of self-confidence, poor self-image, concentration, and time away from desirable pursuits often experience internal and external emotional struggles. For example, an adolescent who struggles under peer pressure is less likely to have the coping strategies needed to break down the stress into a more manageable level (Gabe, 1997).

When an adolescent acts on his or her stress-induced impulses, motivation to improve or meet social expectations diminishes. As these problematic behaviors continue the adolescent, may be perceived as, poorly adjusted. This may lead to a self-fulfilling prophecy. Findings have indicated that the failure of an adolescent to meet daily expectations yield a perception that teens lack social skills, have cognitive problems, have a poor self-concept, and have diminished problem-solving skills. Poor self-concept and diminished problem-solving skills in turn increases the stress level and further hinders the teen’s ability to reach out for his or her support network. The result is a

continued inability to display appropriate social behaviors. High self-concept and efficacy in problem solving need to be developed in adolescence. An adolescent's problem-solving skills are determined by his or her ability to understand situations, define problems, articulate goals, and think flexibly. In addition, if the adolescent is deficient in the development of these skills he or she will find that they encounter interpersonal difficulties with peers and others. When teens cannot successfully solve problems, their stress and frustration levels increase, and they become even less likely to seek support (Elias, Gara, Rothbaum, Reese, and Ubriaco, 1987).

Importance of social support networks

Social support is the range of significant interpersonal relationships that enhance an individual's psychological and social functioning. Consistent, positive support contributes to the likelihood that an individual will take action following a stressful situation or conflict. This support will improve an individual's ability to break down stress into a manageable level (Licitra-Kleckler, and Waas, 1993). Social supports include community resources such as churches, schools, and clubs. Other social supports include social networks of colleagues, friends, and family. Intimate relationships are also a vital source of support. Adolescents develop intimate relationships with family, significant others, and outsiders such as counselors, teachers, and human service professionals.

Adolescence is a time of dramatic physiological, personal, and social changes. Adolescents begin coordinating expectations of family, friends, and society, planning for an occupation, and developing a set of personal values (Licitra-Kleckler, and Waas,

1993). During this time of change, it is essential for an individual to develop a support network based on his or her changing aspirations. Individual support networks provide a deliberate response to stress rather than an impulsive reaction, affecting the way a person appraises stressful events. The availability of support networks also improves a person's coping response to stressful events. A person perceives a negative change less personally threatening when there is an available support system. This aids in breaking down the apparent crisis to a more manageable level.

A person with a strong support network will be more resilient than someone with a weaker support network. Even one or two close friends can constitute a support network (Compas, Slavin, Wagner, and Vannatta, 1986). Research shows that peer and family support affect adolescents' social and emotional development and their responses to life stressors (Baer, Garnezy, McLaughlin, Pokorny, and Wernick, 1987). A teen with an adequate support network and the ability to engage his or her support network will experience an emotional benefit. Adolescents with a support system experience a more mellifluous transition into independent young adulthood. With assistance, an adolescent's movement towards independence will be less difficult. As teens find a valuable and constructive peer group, they feel a sense of worth and achieve a reliable foundation. This peer group will help them make informed choices and learn how to use the support network available to them. With peers, they will express constructive curiosity and exploratory behavior. Ideally, this leads to a belief in a promising future with real opportunities (CFOC Parent Resource Center, (1/12/03) <http://www.cfoc.org/4parent/4risk.cfm...>).

Adolescents need to be supported by parents, peers, and the larger community. The various support networks within the community include teams, clubs, and community programs. Parental interaction and positive peer groups are also essential to enhancing a youth's sense of personal responsibility to contribute and participate in community activities. Allowing teens to recognize the natural and imposed consequences of their actions prepares them to take control of their own futures and chart their own course in life. All adolescents need opportunities to be successful, chances to explore diverse interests, and experiences in which they can discover their unique strengths. Support networks can help the adolescent to learn and assess situations and make important judgments. Support networks build critical thinking skills by providing teens with information and alternatives rather than dictating answers and solutions (CFOC Parent Resource Center, 2002). Support networks create a sense of self that can withstand the social pressures they experience. Adolescents who are not taught to make informed decisions will be less likely to accept themselves and more likely to succumb to peer pressure. Adolescents who lack critical thinking skills and a strong support network are more likely to experience behavioral and emotional problems (Licitra-Keckler, Waas, 1993).

In summary, all individuals experience stress throughout their daily lives. Stress forces individuals to act or react. Social support networks serve as an essential buffer against stress. Adolescents experience higher levels of stress than adults do. Teens need time to learn how to cope with the pressure of young adulthood. Adolescence is the period when coping skills, problem-solving skills, and social skills begin to develop to a mature level.

Limited research exists concerning the stress levels of adolescents in residential treatment settings. Interviews with colleagues, personal work experience, and reports from teens in treatment have yielded the information provided in this document regarding teens in a residential setting. Teens in treatment placements typically reported that they felt as if they did not fit into a particular student group and often found themselves hanging around a variety of groups, yielding no primary peer support network. Others reported poor levels of communication with parents and siblings and a lack of honesty when communicating with their parents. Changes in foster home or residential treatment placement disrupted and hindered some adolescents' connections to a support network. Others expressed loss of interest in sporting activities and other extracurricular activities in which they had previously participated. Some of these teens, after harassment from peers, turned to other groups of students who felt equally ostracized. These groups may attract those who use illegal and illicit drugs, engage in community vandalism, or generally struggle with community, school, and house rules. Other adolescents felt as if their parental figures could not meet their basic need for safety and security. Living with a parent or guardian who abuses chemicals can cause this lack of security (self-reported by teens in residential treatment settings ranging from DOC to foster homes and other placements within the continuum of care).

CHAPTER III

METHOD

Participants

The participants in this descriptive study included sixty-two adolescents ranging in age from 12.5 to 18 and residing in two Wisconsin County school districts. The adolescents were from two distinct groups. Twenty-four reside with their parent(s) or guardians, and thirty-eight lived in a residential treatment facility.

Research Design

The survey used was developed by the author to gain further understanding of support networks used by teens living with parent(s) or guardian(s) and teens in residential treatment. Participants ranked the usefulness of various support options, their willingness to use various supports in their home or community, and their interest in learning time and stress-management skills.

Materials

Testing to be used:

A) Social Support Survey

Sample Questions: Rank in order 1-5 one being most likely and 5 being least likely. What do you do when you are angry with your parents or guardians?

- 1) The first six questions of the survey deal with aggressive behavior

- 2) The ninth question deals with an inventory of the teens coping and relaxation strategies available
- 3) Question ten and eleven deal with the support a teen perceives for their strategies with regards to home life and at school
- 4) Question twelve through twenty-two deal with their perspective on their skills, and what the teens feel they could offer to their peers and their desire to learn new skill for feelings management/stress management.

Procedure

The students identified their age, sex, and relationship to their guardian(s). Adolescents who chose to participate and their guardian(s) signed release forms allowing only people connected with this thesis through the university access to the survey responses. The teens and their guardian(s) received a separate letter explaining that the survey was a component of a thesis and that the teen was not to place his or her name on the survey. In the letter, they were reminded that participation was voluntary and they were under no obligation to complete the survey.

After receiving the signed releases, the surveys were submitted to the administrators of the local high schools and middle schools, as well as the high school located on-grounds at the participating treatment facility. Students completed the surveys during their study hall periods and returned them to the school guidance office when they were finished.

Chapter IV

RESULTS

Presentation of Findings

The responses to questions four through twenty-three were calculated for standard deviations and means. The questions with more significant means were further analyzed and placed into percentiles using bar graphs. The standard deviation, mean, and t-scores are displayed in tables in appendix B. The responses on questions four through eight reviews what the teens would use to deal with aggressive behaviors. Question nine deals with the knowledge level the teens have of relaxation techniques. Questions ten and eleven ask about the amount of support teens feel they have from their parents and teaching staff at their schools. Questions twelve through twenty-three, deal with concerns for peers and strategies of coping with time management and use of various resources within the school and the community for support.

Coping with Aggression

The first series of questions in the survey asked the adolescents to consider strategies to cope with aggression. The first four questions were designed to determine what coping strategies the teens currently use by asking them to rank listed strategies from 1 (most likely) to 9 (least likely). Category zero was added for unanswered questions.

To simplify the data regarding how the teens deal with emotional aggression, the top three answers were weighted with the value of six. It was necessary to obtain valid statistical results by determining the top three answers for teens at home and those who were placed in a residential facility in order to compare the two groups. The survey

revealed little difference between teens in residential care centers and teens in their homes when dealing with aggressive emotions. Teens in a residential setting rated talking with friends as their first option, leaving an agitating situation as a secondary option, and playing loud music as their third most common way to deal with aggression. Most teens in the community ranked leaving a situation as their most common reaction, talking with friends as a second choice, and ignoring the situation as their third most common response to aggression (Figures 1 and 2, page 20). The 12-13 year old males placed in the residential setting expressed that they would most likely first go to a staff member, and that going for a walk was not always an option. In contrast, the 12-13 year old females in residential setting expressed that they would be most likely to talk to a staff member or a peer in the residential setting, and expressed a willingness to talk with teaching staff if their concern occurred within the school setting. Other teens in the residential setting expressed they may write poems and musical lyrics or draw pictures. Teens ranging in age from 14-15 also expressed they would go to their parents approximately 50% of the time.

Teens living in residential treatment centers act on aggression more frequently than those who live at home. Fifty-three percent of the teens in a residential facility reported having struck out at another person in anger (Figure 3, page 20). As for the teens in the community, 32% have struck out at another person in anger, and 68% have not (figure 4, page 20). Contributing factors may include the teen's sense of confidence, affording him or her ability to walk away from an intense argument, later returning to discuss the problem. Other factors may include the teen's ability to analyze and differentiate between issues of real value and issues that are not worth conflict.

Males and females in residential care facilities dealt with aggression differently. Females tended to talk to friends or seek out assistance from a teacher or counselor. They rarely chose to ignore the situation or simply play loud music. Males, however, chose to ignore the conflict and were much less likely to discuss their anger with parents or another community member.

Adolescents of different ages also varied their behaviors significantly. The twelve to fifteen-year-old males and twelve to thirteen-year-old females chose to play loud music or leave the situation. Sixteen to eighteen-year-olds spoke with a friend or ignored the situation. The difference between age groups is likely related to the ability of an older teen to determine which arguments were worth pursuit, as well as an older teen's ability to be more effective with their abstract processing skills.

When the teens in the community engaged in an argument with their parents, they were unlikely to address the issue with their parents as their first choice. They chose to either leave the situation or discuss it with their friends. Females age fourteen to seventeen in the treatment setting addressed their concern with their parents as third or fourth choice.

When teens in the community and those placed in a residential facility engaged in an argument with their friends, they were most likely to ignore the situation. Their second most likely response was to talk with their parents or the residential staff members. They selected talking with their friends as their third choice. Fourteen to fifteen-year-old males varied slightly because they chose to play loud music. Male and female teens in residential facilities or in their home age sixteen to seventeen chose to ignore the situation. The twelve and thirteen-year-old males and females were less likely to ignore

the conflict and often selected discussing problems with someone (figure 1-4 pages 20 and 21).

Males and females varied in their histories of physical violence. Males reported a higher incidence of physically aggressive behavior. Over half of the males in the treatment setting had struck out at another person. The males in the residential treatment facilities were twice as likely to strike others as their counterparts in the community. Females in a treatment setting reported higher incidence of striking out towards others than females in the community. There was an unequal variance between both groups. This shows a significant difference between the sexes with a t-score of 1.7 where anything over one yields significance.

Teens in residential care facilities expressed more interest in learning to deal with anger than teens living in the community. Seventy-one percent of the teens in a residential setting expressed interest in learning new anger-management strategies. Fifty-six percent of the teens in the community expressed an interest in learning new anger-management strategies. Even amongst those teens that were neutral or uninterested in learning new strategies there was a difference in interest between the adolescents who lived at home or those in residential care facilities. Twenty-one percent of teens in residential care expressed feelings of neutrality, and 36% of teens in the community expressed feelings of neutrality. Seven percent of teens in residential facilities were not interested in learning new strategies and 8% of the teens in the community expressed no interest in learning new options to deal with anger. The teens in the residential setting expressed a higher level of interest in learning new strategies than the teens in the community (Figures 5 and 6 page 21).

It appears that with this sample of teens, the desire to learn anger-management skills is significant, indicating this may be an area to work towards in the school and community setting.

Figure 1

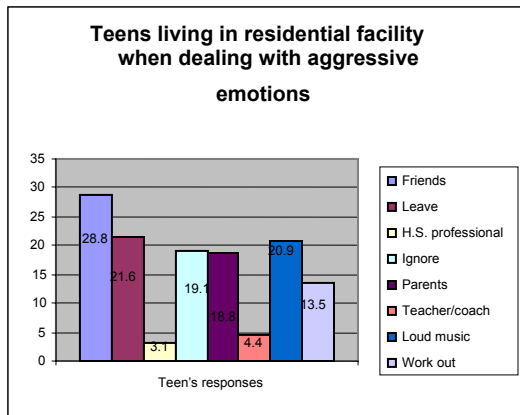


Figure 2

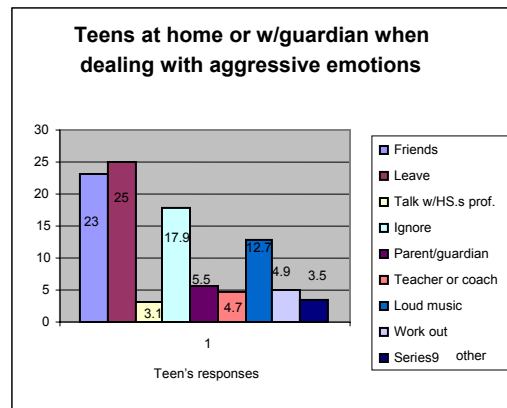


Figure 3

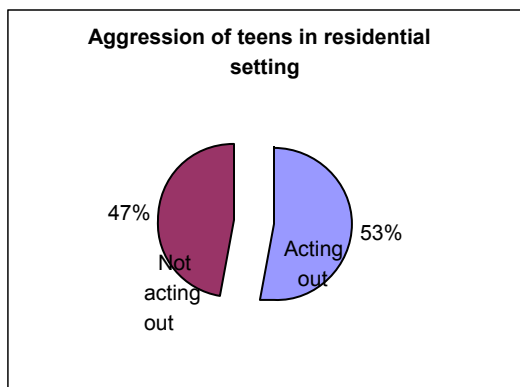


Figure 4

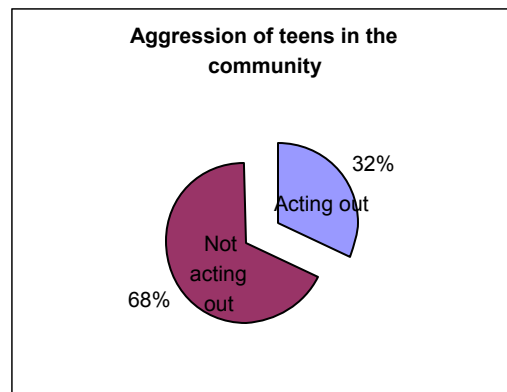


Figure 5

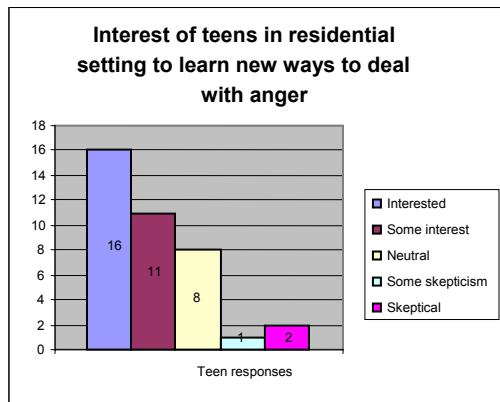
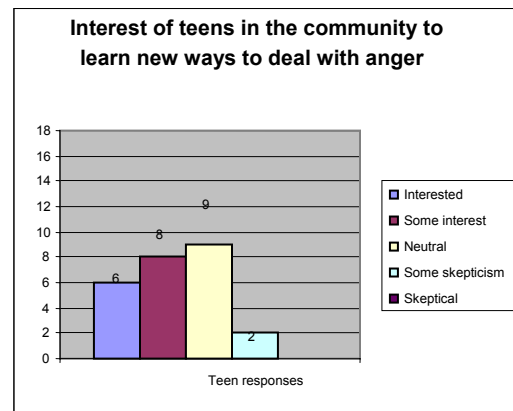


Figure 6



Support Networks

The teenagers were asked to select the level of support they felt they had in the school and home setting versus the residential setting (Figure 7 and 8 page 23). Fifty-two percent of teens in a residential setting perceive an availability of support from the teaching staff and other staff members, thirty-one percent of the teens ranked their support in the neutral category, and about 15% felt unsupported. Thirty-five percent of the teens in the community ranked their level of support in the school and in the community as supportive, 56% feel neutral about the support they receive, and 9% felt unsupported.

The teens in the community did not indicate whether they felt more support from one parent or the other. However, the teens in residential care occasionally expressed they felt more support from one parent over the other. The residential teens commonly had a close relationship with only one parent due to divorce or minimal interaction with the parent not responsible for their direct care.

When broken down by gender, males reported a greater sense of support from their parents than did females. Sixty-two percent of males felt supported by their parents and 13% viewed their parents as unsupportive. Twenty-five percent of the males did not have a sense of their parents' level of support. Thirty-five percent of females reported feeling support from their parents, 19% felt their parents were unsupportive, and 46% were unsure of their parental support.

In the school setting, both male and female teens in residential placements or at home reported they felt support from the teaching staff. Forty-nine percent of males and 53% of females reported feeling supported by the teaching staff (Figures 9 and 10, page 22). Forty-two percent of males and females felt neutral about the level of support provided by their schools. Nine percent of the males and 5% of the females felt their schools were not supportive. It appears with most of these teens the schools are doing well in offering support to their students.

Figure 7

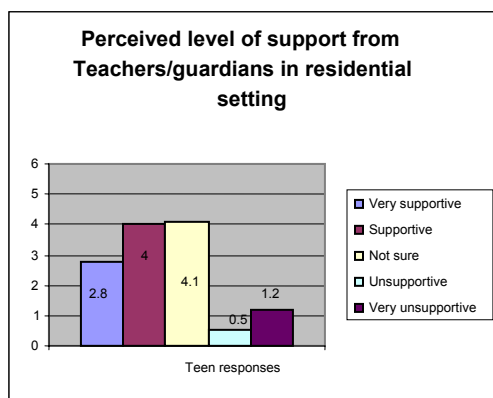
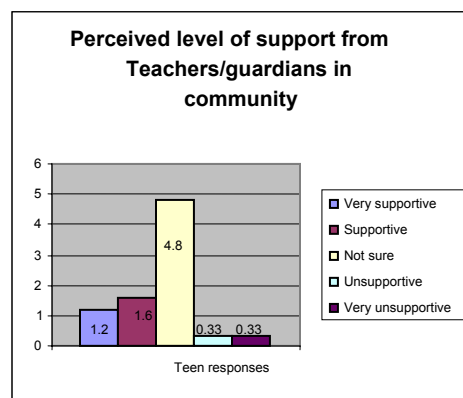


Figure 8



The teens also relied heavily on their peer groups for support. Many teens reported that their peers were the first person they went to with problems in their home or in their residential treatment facility. Both teens in the community and those in residential settings expressed that they chose their peer group by common interests, established trust, and concern for one another. They also valued the mutually supportive relationships they had developed with these peers. The teens indicated that mentoring programs might be a viable option to assist them in developing support networks and offering options of support. Approximately 80% of males and females in the community and residential facilities expressed concern about time management skills. The teens were concerned about not having enough time to organize themselves each day and the conflict between their interests and responsibilities. Seventy-three percent of the teens would like to have learned more about managing activities and responsibilities. They were also interested in helping and learning from their peers.

Stress-Management Skills

The teens from both groups had some knowledge of relaxation techniques and stress relievers. However, the teens in the residential setting felt considerably more confident in their knowledge. Seventy-three percent of teens in the residential setting felt they had a good knowledge base and 27% felt they were lacking in knowledge of stress-management. Thirty-six percent of the teens in the community reported that they had a good knowledge base, and 64% felt they lacked knowledge of stress-reduction and relaxation techniques (Figures 11 and 12 page 25).

Teens throughout the survey identified concern for their peers. Seventy-three percent of the teens in residential placement felt some level of concern for their peers and 27% expressed no concern for their peers in the residential facility. However, the teens in the community expressed less concern for their peers. Sixty percent expressed concern for their peers and 40% expressed no concern for their peers. Eighty-five percent of the teens felt they had some knowledge that could be helpful to their peers and family members. In addition, 73% of the teens from both groups expressed that they would like to help others with their stress-management skills and would like the opportunity to develop a working relationship with their schools, teaching staff, or other community members to improve their skills in stress management.

The teens in the residential setting expressed concern with their ways of dealing with stress, and would like further access to resources dealing with stress-reduction and assistance with daily pressures. Teens in the community indicated little concern about their ability to deal with stress. However, some of these teens would be interested in learning about other available resources to help them deal with stress and emotional-management. Both sets of teens were interested in learning what their peers did to reduce their stress levels. They thought that their peers may have other options to better deal with their stress, and they believed that they might be capable of helping their peers to cope with stress.

Figure 9

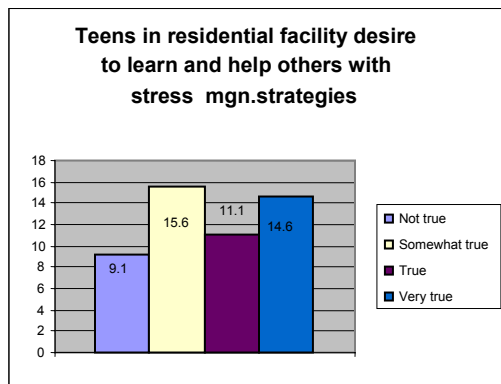


Figure 10

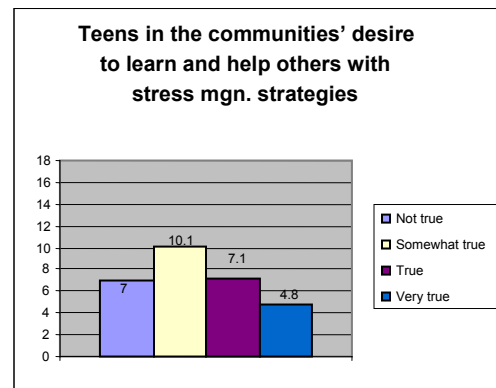


Figure 11

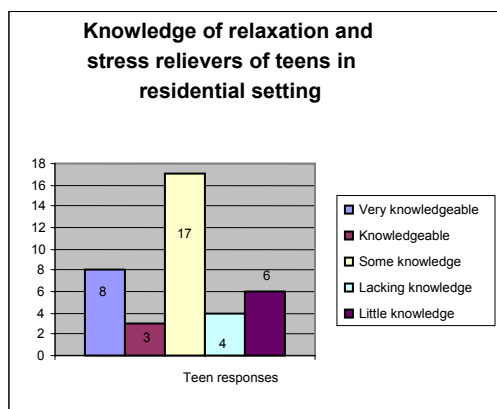
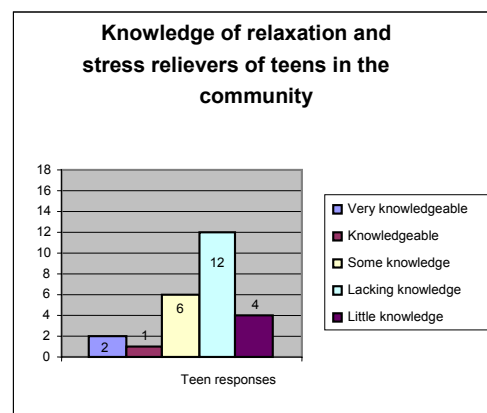


Figure 12



Time-Management

Most of the teens in the survey indicated time-management concerns. Eighty-one percent of the teens in this survey have indicated concern about organizing their daily routines and schedules. The teens in the residential facility struggled to complete all of their schoolwork, treatment work, and group activities in a given day and reported frequently feeling overwhelmed by responsibilities. The teens in the community were

overwhelmed with the daily responsibilities of schoolwork, employment, and extracurricular activities.

Both sets of teens have expressed interest in further information on time-management skills. They recognized a need to use their time more wisely, which would allow them more relaxation and a reduction in stress levels. Time-management would be another area for further research with teens.

Figure 13

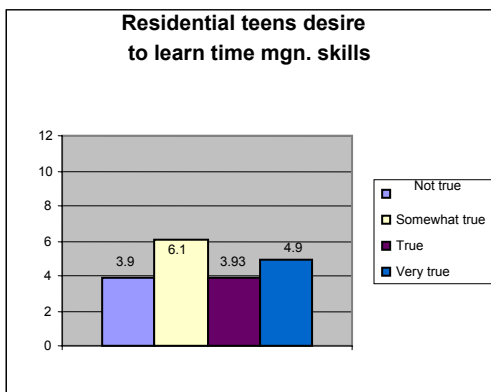
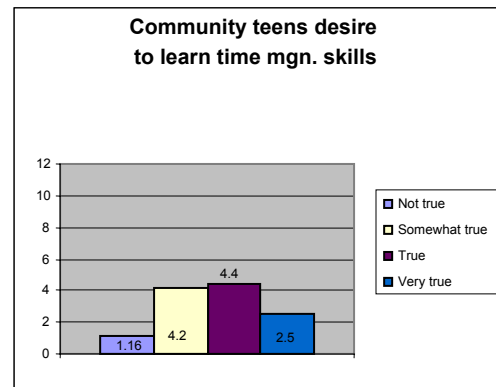


Figure 14



Chapter V

Implications, Conclusions and Recommendations

Implications

Coping with Aggression

The teens in both groups expressed concerns for their aggressive behavior, especially those teens in a treatment setting. They indicated a limited knowledge of anger-management skills. Many of the teens in both groups wanted to know how they would be able to help their peers with anger-management skills and believed that the peers could also help them.

The teens felt they would be able to learn anger-management skills and indicated on the survey that they would prefer to gain the skills from peers, teaching staff, or family members. The 14-17 year olds in the community and those who reside in a residential setting selected their peers as their top resource. Early teens, ages 12-13, indicated a preference for receiving anger-management skills from their parents or staff members at a residential facility. Interestingly, the teens in the community responded that if they had a disagreement with their parents they would choose to leave the situation, play loud music, ignore the dispute, or discuss the argument with a friend. The teens in a residential setting expressed they would choose to talk to their peers or residential facility staff members, or discuss it with their parents.

The teens indicated an interest in teaching anger-management skills to others, and they expressed an openness to learn further skills. Teens reported they would be open to learning these skills from peers (perhaps through a mentoring program), or by watching family members deal with aggressive emotions. The teens that participated in the study

reported an interest in learning relaxation techniques through their school or community programs. This could be hindered by the limited number of facilities that offer relaxation training and by the willingness of the teens to go to the programs when offered.

Support networks of the teens within a residential setting included teaching staff, counselors, staff members, peers, and parents. When seeking support, teens in a residential setting chose to reach out to peers or residential care staff members. Once the teens could process their emotions, they shared them with their parents. As the teens progressed within the treatment programs, they began to use their parents as a support network. Parents usually acted as positive supports. However, at times, the teens were just looking for an alternate response. Often, as the teens and their parents moved through the treatment program, parents were more likely to set boundaries with the teenagers (self-report from teens in treatment setting, colleagues, and observation). As the teens and parents continue to work on their communication, the parents will eventually become the teen's primary support.

Support Networks

The support networks used by the teens in the community included peers, parents, teaching staff, coaches, and community organizations. In the community setting, teens in disagreements with peers frequently left the situation, ignored the incident, or discussed the incident with their peers. However, the teens reported that if they had a disagreement with their parents, they chose to leave the situation, ignore the incident, or talk to a peer. However, only 10% expressed that they would communicate their frustration with their parents. It is not clear why teens are inclined not to discuss issues, especially with their parents. It is likely that these teens felt that discussion would not produce a different

response or that they may think that their parents are attempting to make their decisions for them. The survey did not go into further detail in this area, but this would be a good area for further research.

The majority of the teens in both groups expressed that they would like to gain more options and skills for coping with aggressive emotions. Many would also like to help their peers acquire further coping skills. Peer mentoring programs and casual discussion with teaching staff and parents may be effective vehicles to teach these skills. These skills could also be acquired through observation of others working through their own aggressive emotions.

Time Management

Time management is essential to the reduction of stress levels. The teens surveyed expressed concern for both abilities. Teens who used time management techniques were routinely the highest achievers in many arenas including academics, athletics, and other activities (http://www.mindtools.com/pages/main/newMN_HTE.htm). If teens have opportunities to learn these skills, they will be able to function more effectively even under intense pressure. Improved time management skills will also offer them more “down time” to reorganize, relax, spend time with family or peers, or participate in other activities they enjoy.

There are several ways to assist teens in learning to manage their time. One way to assist teens with time management in the school setting is to require them to keep a daily planner. They may use these planners to schedule schoolwork, homework assignments, and upcoming test dates (9/3/97) (<http://thechalkboard.com/Corporations/Day>

[Runner/lessons/ 2002](#)). A way for parents to assist teens at home is to monitor their household activities and time spent on TV, with peers, doing homework and chores, and spent on relaxation. If a teen requires further assistance with time management, a more structured list of regular activities may be important. Teens that have good time management skills might want to create their own schedules. Teens may also benefit from their peers through role modeling, peer mentoring, or casual discussion (Beat the Clock-lessons in time management for Middle School Students, 1997).

Recommendations

In our fast-paced, sometimes mindless society, adolescents can benefit from simple information on stress-management and coping strategies. The teens in this survey indicated they would like to learn new options to deal with daily life stressors and time-management skills. They recognized that they could most effectively gain these skills in peer mentoring programs with adult supervision and through assistance from teachers or other outside resources. The struggle to incorporate these options into schools is difficult due to time constraints and high demands placed on the teaching staff. However, it would be feasible to incorporate these strategies within health classes, art classes, gym classes, homeroom activities, or perhaps during after school activities.

Other ways to assist the teens could occur at a community center such as the Boy's and Girl's club, Big Brother and Big Sister programs, United Way, YMCA, or YWCA. Parents still need to play a major role in assisting their child with stress, anger, and time-management skills on a daily basis. This can be accomplished through role modeling, interactions with other significant people in the family system, and casual conversations.

Parents need to communicate with their teens about how they choose to handle stressful situations and how to improve their coping strategies daily.

Further recommendations include and depend upon the involvement of human service professionals in a family system. Human service professionals may foster the discussion of stress-management and coping strategies, role modeling, and role-plays of various situations. Human service professionals may offer clients and communities further education on relaxation techniques, visualization, open-forum discussions, or other options. Creativity in their programs could be limitless. Further expanding these options, human service professional could offer a variety of workshops to assist interested clients or community members or offer discussion and further education during school assemblies.

Further Study

1. Given the importance of youth to our present and future society, human service professionals and parents must educate teens in a variety of stress-management and coping strategies for daily life skills. Offering further options would allow the teen's better management of daily life stressors, activities and situations.
2. This research could be furthered by changes of wording on the survey instrument for questions that require ranking and perhaps asking only for the top three responses. One could change the scale on question 13-23 to "yes" and "no" options as opposed to offering many variables. One might assess an indication from the data that the survey group had difficulty understanding the survey tool.

Teens showed a variety of ranking styles, in some cases choosing two or three number one answers.

3. Determining if similar results would be obtained if the study took place in larger communities could expand this research.
4. Finally, one could evaluate the significant differences between genders and age groups of participants.

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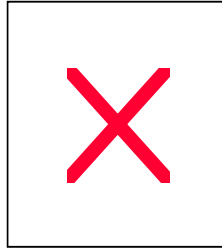
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APPENDIX A

INSTRUMENTS

Adolescent Survey

SURVEY OF STRESS MANAGEMENT AND COPING MECHANISMS OF ADOLESCENTS



1. Gender:
☐ Male
☐ Female

2. Age:
☐ 12
☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18
☐ 19

Please rank the following from 1 to 9, with 1 being what you would most likely do and 9 being what you would be least likely to do.

3. What do you do when you are angry with your parent(s)/guardian(s)?
- | | |
|--|---|
| <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Talk with teacher or coach |
| <input type="checkbox"/> Leave the situation | <input type="checkbox"/> Crank the music |
| <input type="checkbox"/> Talk w/human service professional | <input type="checkbox"/> Work out at gym |
| <input type="checkbox"/> Ignore the situation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talk with parents/guardian | |

4. What do you do when you fight with your friends?
- | | |
|--|---|
| <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Talk with teacher or coach |
| <input type="checkbox"/> Leave the situation | <input type="checkbox"/> Crank the music |
| <input type="checkbox"/> Talk w/human service professional | <input type="checkbox"/> Work out at gym |
| <input type="checkbox"/> Ignore the situation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talk with parent(s)/guardian(s) | |

5. What do you do when things do not seem fair?
- | | |
|--|---|
| <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Talk with teacher or coach |
| <input type="checkbox"/> Leave the situation | <input type="checkbox"/> Crank the music |
| <input type="checkbox"/> Talk w/human service professional | <input type="checkbox"/> Work out at gym |
| <input type="checkbox"/> Ignore the situation | <input type="checkbox"/> Other _____ |

6. What would you do if your parent(s)/guardian(s) were fighting a lot?

- | | |
|--|---|
| <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Talk with teacher or coach |
| <input type="checkbox"/> Leave the situation | <input type="checkbox"/> Crank the music |
| <input type="checkbox"/> Talk w/human service professional | <input type="checkbox"/> Work out at gym |
| <input type="checkbox"/> Ignore the situation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talk with parent(s)/guardian(s) | |

8. Have you ever struck out towards another person after being angry with your parent(s)/guardian(s)?

☐ Yes ☐ No

9. Please, describe your current level of interest in learning other options to deal with anger.

- ☐ Interested
- ☐ Somewhat Interested
- ☐ Neutral
- ☐ Somewhat Skeptical
- ☐ Skeptical

10. How knowledgeable are you about relaxation and positive stress relievers, and appropriate coping management skills?

- ☐ Very knowledgeable
- ☐ Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Lacking knowledge
- ☐ Little to no knowledge

11. How would you describe your parent(s)/guardian(s) attitudes toward your coping strategies and stress management skills?

- ☐ Very Supportive
- ☐ Supportive
- ☐ Neutral/Not Sure
- ☐ Unsupportive
- ☐ Very Unsupportive

12. To what extent do you find that conditions at school support the use of stress management and coping skills?

- ☐ Very Supportive
- ☐ Supportive
- ☐ Neutral/Not Sure
- ☐ Unsupportive
- ☐ Very Unsupportive

Please use a check mark in the squares below to rate your responses based on scale of 0 through 7.

0 1 2 3 4 5 6 7
Not true of me now Somewhat true of me now Very true of me now



Survey Questions	0	1	2	3	4	5	6	7
13. I am concerned about how other students are affected by stress.								
14. I know of some ways that might work better								
15 .I am concerned about not having enough time to organize myself each day.								
16. I would like to help other peers in their stress management								
17. I am concerned about conflict between my interests and my responsibilities.								
18. I am concerned about my use of stress management and coping strategies.								
19. I would like to develop a working relationship with both teaching staff and outside resources using stress management and coping strategies.								
20. I would like to know what is available for stress management and coping strategies.								
21. I am concerned about my ability to manage all that is required of me in my daily routine.								
22. I would like to change my behaviors when coping with stress								
23. I would like to know what other peers are doing to deal with stress and what strategies they use to cope.								

APPENDIX B
STANDARD DEVIATIONS
MEANS

Table 1: Males and Females age 12-13
Coping with feelings of aggression
Males-black Females-red

	Standard Deviation	Mean
3. What do you do when angry at your parents or guardians?	1.13617 1.02989	0.889 0.800
4. What do you do when you fight with your friends?	1.31713 1.02989	0.867 0.800
5. What do you do when things don't seem fair?	1.21090 1.09339	0.833 0.800
6. What would you do if your parents were fighting a lot?	1.01185 0.99662	0.856 0.800
7. Have you struck out at another?	0.70710 1.41421	4.500 4.000
8. Interest in learning other options to deal with anger?	2.16794 1.67332	1.800 1.600

Table 1a Males and Females age 14-15
Males-black Females-red

	Standard Deviation	Mean
3. What do you do when angry at your parents or guardians	2.00028 1.15340	1.900 0.800
4. What do you do when you fight with your friends	1.86661 1.08306	1.900 0.800
5. What do you do when things don't seem fair	1.68302 1.07264	1.900 0.800
6. What would you do if your parents were fighting a lot	1.76131 0.92651	1.900 0.800
7. Have you struck out at another	1.41421 4.24264	7.000 4.000

1b Males and Females age 16-17

Males-black Females-red

	Standard Deviation	Mean
3. What do you do when angry at your parents or guardians	1.18083 0.75327	0.900 0.500
4. What do you do when you fight with your friends	1.22749 0.67457	0.900 0.500
5. What do you do when things don't seem fair	1.04987 0.75327	0.900 0.500
6. What would you do if your parents were fighting a lot	1.15194 0.75327	0.900 0.500
7. Have you struck out at another	0.70710 0.70710	4.500 2.500

Table 2 Males and Females age 12-13
Social Support Networks
Males-black Females-red

	Standard Deviation	Mean
8. Interest in learning options to deal with anger	2.16794 1.67332	1.800 1.600
9. Knowledge level of relaxation and positive stress breakers and coping strategies	1.30384 1.14017	1.800 1.600
10. How parents feel about your coping strategies	1.14017 1.94935	1.600 1.600
11. Do you find that the schools support the use of stress management	1.78885 1.14017	1.800 1.600

Table 2a Males and Females age 14-15
Males-black Females-red

	Standard Deviation	Mean
8. Interest in learning options to deal with anger	3.27108 1.51657	1.800 1.600
9. Knowledge level of relaxation and positive stress breakers and coping strategies	2.16794 1.34164	3.800 1.600
10. How parents feel about your coping strategies	3.19374 1.67332	3.800 1.600
11. Do you find that the schools support the use of stress management	2.77488 1.14011	3.800 1.600

Table 2b Males and Females age 16-17
Males-black Females-red

	Standard Deviation	Mean
8. Interest in learning options to deal with anger	3.27108 1.51657	1.800 1.600
9. Knowledge level of relaxation and positive stress breakers and coping strategies	2.16794 1.34164	3.800 1.600
10. How parents feel about your coping strategies	3.19374 1.67332	3.800 1.600
11. Do you find that the schools support the use of stress management	2.77488 1.14011	3.800 1.600

Table 3 Males and Females age 12-13
Stress/Time Management skills
Males-black Females-red

	Standard deviation	Means
12. I am concerned how other students are affected by stress	1.45773 .099103	1.125 1.125
13. I know of some ways that might work better	1.03509 1.06904	1.250 1.000
14. I am concerned about not having enough time to get organized	1.12599 0.92582	1.125 1.000
15. I would like to help other peers w/stress management skills	0.99103 0.92582	1.125 1.000
16. I am concerned about my interests vs. my responsibilities	0.83452 1.06904	1.125 1.000
17. I am concerned about my use of stress management and coping strategies	0.99103 1.19522	1.125 1.000
18. I would like to develop a working relationship w/school staff and outside resources	0.99103 1.06904	1.125 1.000
19. I would like to know what's available for stress management and coping	1.24642 0.75592	1.125 1.000
20. I am concerned about my ability to manage all that is required of me	1.12399 0.92582	1.125 1.000
21. I would like to change my behaviors when coping w/stress	0.83452 0.92582	1.125 1.000
22. I would like to know what peers are doing to deal w/stress and coping strategies.	1.12599 0.92582	1.125 1.000

Table 3a Males and Females age 14-15
Males-black Females-red

	Standard deviation	Means
12. I am concerned how other students are affected by stress	2.06587 1.06904	2.375 1.000
13. I know of some ways that might work better	1.59798 1.41421	2.375 1.000
14. I am concerned about not having enough time to get organized	1.84681 1.41421	2.375 1.000
15. I would like to help other peers w/stress management skills	1.18773 1.41421	2.375 1.000
16. I am concerned about my interests versus my responsibilities	1.92260 0.99103	3.375 1.125
17. I am concerned about my use of stress management and coping strategies	1.50594 1.06904	2.375 1.000
18. I would like to develop a working relationship w/school staff and outside resources	1.50592 1.06904	2.375 1.000
19. I would like to know what's available for stress management and coping	2.32069 1.03093	2.375 1.000
20. I am concerned about my ability to manage all that is required of me	1.68501 1.30930	4.375 1.000
21. I would like to change my behaviors when coping w/stress	2.26384 1.060904	4.375 1.000
22. I would like to know what peers are doing to deal w/stress and coping strategies.	2.55599 0.53452	5.375 1.000

Table 3b Males and Females age 16-17
Males-black Females-red

	Standard deviation	Means
12. I am concerned how other students are affected by stress	1.12599 0.74402	1.125 0.626
13. I know of some ways that might work better	1.12599 0.74402	1.125 0.625
14. I am concerned about not having enough time to get organized	0.83452 0.74402	3.125 0.625
15. I would like to help other peers w/stress management skills	1.12599 0.74402	1.125 0.625
16. I am concerned about my interests versus my responsibilities	1.35620 0.74402	3.125 0.626
17. I am concerned about my use of stress management and coping strategies	1.55264 0.74402	1.125 0.625
18. I would like to develop a working relationship w/school staff and outside resources	0.83452 1.06066	1.125 0.625
19. I would like to know what's available for stress management and coping	0.64089 0.91612	1.125 0.625
20. I am concerned about my ability to manage all that is required of me	0.35355 0.74402	1.125 0.625
21. I would like to change my behaviors when coping w/stress	0.83452 1.06066	1.125 0.625
22. I would like to know what peers are doing to deal w/stress and coping strategies.	1.24642 1.06066	1.125 0.625

Appendix C

Breakdown of Populations

Table 4: Gender of survey population

Characteristics	Number	Percent
Male	38	60%
Females	24	40%
Total	62	100%

Table 5: Participating Adolescent at home and placed outside of the home

Placement	Number	Percent
Adolescents at home	24	38.7%
Adolescents in residential placements	38	61.3%
Total	62	100%

Table 6: Age of the population

Age	Number	Percent
M 12.6-13	9	14.5%
M 14-15	19	32.0%
M 16-17	9	14.5%
F 12.6-13	9	14.5%
F 14-15	10	15.5%
F 16-17	6	9.0%
Total	62	100%

